CLAIMS ONLY

Application Number	Filing Date
09/872723	6/1/01

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*			*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
1			1				51							
2				1			52							
3							53							
4							54							
5							55							
6							56							
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23			1				73							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep			2				Total Indep							
Total Depend			23				Total Depend							
Total Claims			25				Total Claims							